

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline SPEP™ ID and Contact Time: 0345-T01

Agency/Program Name: Drug & Alcohol Rehabilitation Services, Inc. (D.A.R.S., Inc.)/Manos House & Supervised Independent Living (SIL)

Service Name: Group Therapy

Cohort Total: 43

Cohort Time Frame: Youth that began the service on/after January 1, 2022 and ended on/before December 31, 2022

Referral County(s): Berks (4); Bradford (1); Bucks (1); Centre (1); Columbia (1); Cumberland (3); Franklin (1); Lackawanna (2); Lancaster (4); Lebanon (3); Lehigh (2); Luzerne (1); Montgomery (1); Northampton (4); Philadelphia (1); Schuylkill (5); Wayne (1); Wyoming (2); York (4)

Feedback Report Delivery: June 26, 2023

County/Probation Officer(s) Involved: Joe Gifford, Matt Foster, Terrance Williams - Dauphin County Juvenile Probation
Sue Claytor and Andrew Guise - York County Juvenile Probation

EPIS SIS(s): Lisa Freese, Dawn Karoscik, and Lisa Fetzer

Manos House was established in 1972 for the purpose of helping young men free themselves from addiction and its associated problems, and to enable them to lead a rewarding, responsible life. It is a 43 bed, self-contained, residential treatment facility located in Columbia, PA. Manos House is a component of Drug and Alcohol Rehabilitation Services, Inc. (DARS) and is fully licensed by the Department of Drug and Alcohol Programs, Pennsylvania Department of Health. Over the years, the overall approach and target population has changed, but the general philosophy has remained the same. The target population is an adolescent male between the ages of fourteen and eighteen. Some youth over the age of 18 remain in treatment up to age 20. Referrals are made by families, Student Assistance Programs, probation departments, social service agencies, managed care occasionally, or by private referral. The youth must not have physical or mental impairments that might hinder his treatment progression, e.g. physically disabled to the extent he could not participate in work or recreational therapy, or mentally incapable of comprehending program structure or values. Typical youth have a history of substance abuse and delinquent behavior. Appropriate youth must, at a minimum, show partial acceptance of their own problems and/ or symptoms and willingness to change, a willingness to accept staff direction and guidance, and a willingness to work toward program and aftercare goals.

The Keep it Direct and Simple Series from the Change Companies Journals are utilized for therapy - the journals are designed to assist youth through the process of change regarding their drug issues - Why am I here and Moving Forward are the two Journals that all youth receive - others are based on individual client needs and treatment plan goals. What About Marijuana is also utilized to address current trends in marijuana use specific to an adolescent population. These journals are incorporated into each treatment plan. Residents are prescribed a treatment track, which takes into account DSM 5 Substance Use Disorder diagnosis, previous treatment experience(s), as well as legal involvement with Juvenile Probation and/or Children and Youth Services. The shortest treatment track is 90 successful days in length. Tracks grow by 30 days dependent upon the needs of the resident with a maximum length of stay being 150 successful days. Status advancement is required every 30 successful days and follows a specific process to include the completion of a status advancement application, as well as rubric requirements for treatment, education and general program engagement. Specific privileges and community engagement opportunities are also built into each 30 day treatment experience.

Group therapy typically involves a cohort of approximately 6 to 12 participants who convene five days a week for one hour sessions. These groups focus on addressing specific issues such as addiction, depression, anxiety, or trauma, while also being inclusive of individuals with a range of concerns. The purpose of group therapy is to establish a supportive and non-judgmental environment where individuals facing similar struggles can come together and openly share their experiences, challenges, and triumphs. Therapeutic approaches employed in group therapy encompass Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI), alongside the implementation of The Stages of Change model, also known as the Transtheoretical Model. This model serves as a comprehensive framework that delineates the various stages individuals undergo during the process of behavioral change.

The four characteristics of a service found to be the most strongly related to reducing recidivism:

1. **SPEP™ Service Type:** Group Counseling

Based on the meta-analysis, is there a qualifying supplemental service? No

If so, what is the Service Type? There is no qualifying supplemental service

Was the supplemental service provided? N/A Total Points Possible for this Service Type: 30

Total Points Received: 30 Total Points Possible: 35

2. **Quality of Service:** Research has shown that programs that deliver service with high quality are more likely to have a positive impact on recidivism reduction. Monitoring of quality is defined by existence of written protocol, staff training, staff supervision, and how drift from service delivery is addressed.

Total Points Received: 20 Total Points Possible: 20

3. Amount of Service: Score was derived by calculating the total number of weeks and hours received by each youth in the service. The amount of service is measured by the target amounts of service for the SPEP™ service categorization. Each SPEP™ service type has varying amounts of duration and dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 24 weeks, 40 hours.

<u>1</u>	youth in the cohort of <u>43</u>	received the targeted Duration or Number of Weeks for a total	<u>0</u>	points
<u>34</u>	youth in the cohort of <u>43</u>	of received the targeted Dosage or Number of Hours for a total of	<u>8</u>	points

Total Points Received: 8 **Total Points Possible:** 20

4. Youth Risk Level: The risk level score is compiled by calculating the total % of youth that score above low risk, and the total % of youth who score above moderate risk to reoffend based on the results of the YLS. The Risk Levels of Youth admitted to the service were: 7 low risk, 28 moderate risk, 5 , high risk, and 0 very high risk.

<u>33</u>	youth in the cohort of <u>40</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>7</u>	points
<u>5</u>	youth in the cohort of <u>40</u>	are High or Very High YLS Risk Level for a total of	<u>0</u>	points

Total Points Received: 7 **Total Points Possible:** 25

Basic SPEP™ Score: 65 total points received out of 100 points. Compares service to any other type of SPEP™ therapeutic service. (e.g. individual counseling compared to cognitive behavioral therapy, social skills training, mentoring, etc.)

Note: Services with scores greater than or equal to 50 show the service is having a positive impact on recidivism reduction.

Program Optimization Percentage: 68% This percentage compares the service to the same service types found in the research. (e.g. individual counseling compared to all other individual counseling services included in the research.)

The SPEP™ and Performance Improvement

The intended use of the SPEP™ is to optimize the effectiveness of reducing recidivism among juvenile offenders. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

It is important to note that during the cohort time frame, the durations of youth stays were shorter than usual due to Covid restrictions and limited funding from insurance, which prevented longer commitment periods.

1. Regarding Quality of Service Delivery:

a. Written Protocol:

- i. Develop a written protocol/procedure to clearly describe the fidelity and quality of service delivery including how the group should be facilitated and how each lesson is intended to be utilized.
- ii. Within the written protocol identify a schedule to review and revise the materials, and note the date on the documents.

b. Organizational Response to Drift:

- i. Enhance the organizational response to drift policy to include a more specific policy to service delivery of group therapy.
- ii. Ensure the policy contains and “if then” approach for corrective action steps if service delivery departs from what is intended.